

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10615

State File No. _____

Registration District No. 147Primary Registration District No. 5233

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County CEDAR
- (b) City or town MADISON RURAL
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____
(Specify whether)
- In this community ALL OF LIFE
years, months or days)

3. (a) PRINT
FULL NAMEWAYNE EDWARD PYDE

3. (b) If veteran,
-
- name war _____

3. (c) Social Security
-
- No. _____

4. Sex
- MALE

5. Color or
-
- race
- White

6. (a) Single, widowed, married,
-
- divorced _____

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
-
- alive _____ years

7. Birth date of deceased
- FEB. 28 1948
-
- (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
-
- 1 11 26
- hr. min.

9. Birthplace
- Stockton, Missouri
- D
-
- (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Ed C. Pyle
13. Birthplace Stockton, Mo. D
(City, town, or county) (State or foreign country)
14. Maiden name Francis Hudson
15. Birthplace Stockton, Mo. D
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature
- Edward C. Pyle
-
- (b) Address
- Stockton, Mo.

17. (a)
- Stockton
- (b) Date thereof
- 2/27/40
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Stockton, Mo.

18. (a) Signature of funeral director
- H. C. Davis & Co.
-
- Stockton, Mo.
- 159

19. (a)
- March 9
- (b)
- B. A. Chuck
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cedar
- (c) City or town Rural
(If outside city or town limits, write "RURAL")
- (d) Street No. _____
(If rural, give location)
- (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Feb.
- day
- 26
-
- year
- 1940
- hour
- 10
- minute
- 45
- A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
- that I last saw him alive on _____, 19____;
- and that death occurred on the date and hour stated above.
- Immediate cause of death _____
- Duration _____

- Bacterial pneumonia
- Septicemia
- Toxemia
- Due to _____

- Other conditions
- Typhoid
-
- (Include pregnancy within 3 months of death)

- Major findings:
Of operations 10
- Of autopsy _____
- PHYSICIAN _____
- Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
- (b) Date of occurrence _____
- (c) Where did injury occur? _____
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

- (Specify type of place)
- While at work? (e) Means of injury _____
23. Signature James V. Flaherty (M. D. or other) _____
- Address Stockton Mo. Date signed 2-27-40

RECEIVED
DISTRICT HEALTH OFFICER NO. 7,
District File Number *44-8-40*
Date Filed *4-8-40*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Melvin Church*

Licensed Embalmer No. *3272*

P. O. Address *Stockton Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.